



FOR INFORMATION CALL (303) 655-2017

BUILDING PERMIT APPLICATION

Fill out star area only.

PERMIT TYPE		PERMIT NUMBER	
** JOB ADDRESS **			
SUBDIVISION	LOT/BLOCK NO.	TAX PARCEL NO.	COUNTY
** OWNER OF PROPERTY **		** OWNER'S MAILING ADDRESS **	** OWNER'S PHONE **
ARCHITECT	ARCHITECT'S ADDRESS		ARCHITECT'S PHONE
** PRIMARY CONTRACTOR **	** CONTRACTOR'S MAILING ADDRESS **	** CONTRACTOR'S PHONE **	
CONTRACTOR'S REGISTRATION	PERSON TO CONTACT	CONTACT PHONE	
** BUILDING HEIGHT **	** FLOOR AREA **		
*** DESCRIPTION OF WORK ***			PLANNING/ZONING COMMENTS

NOTICE!!!

This permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work shall be complied with whether specified herein or not. I understand that permits presuming to have authority to violate or cancel the provisions of the above laws and ordinances or permits issued in error or on the basis of incorrect information supplied shall be invalid.

TOTAL VALUATION *****

BUILDING PERMIT FEE

ELECTRICAL PERMIT FEE

PLUMBING PERMIT FEE

MECHANICAL PERMIT FEE

SUBTOTAL

PLAN CHECK FEE

RECREATION TAX

USE TAX

PLAN CHECK CREDIT

GRAND TOTAL

GIVE TO PLANNING

X *****

Contractor or Authorized Agent

Date

X

Permit Issued By

Issue Date: